



PERSONAL TRAINER
STUDIO APPLICATION

Trothen & McConkey Insurance
1054 Adelaide St. N., London, ON N5Y 2N1
Phone: 1-519-672-3222
Fax: 1-519-439-8865
Toll Free 1-888-346-6602
e-mail - steve@sportsfitnesscanada.com

COMPLETE THIS BOX ONLY IF THIS APPLICATION IS BEING SUBMITTED BY AN INSURANCE BROKER
Brokerage Name _____ Producer's Name _____
Telephone: _____ Fax: _____ E-mail: _____

Legal Business Name: _____
Location Address: _____ City: _____ Province: _____ Postal: _____
Mailing (if different): _____ City: _____ Province: _____ Postal: _____
Contact Person: _____ Phone: _____ Fax No.: _____
Res: _____ Cell: _____ E-mail: _____

Expiry Date of Policy: _____ Current Insurance Company: _____

PROPERTY INFORMATION

Describe your location (Two story, strip plaza, shopping mall, etc.) _____

The Building Age: _____ No. of Stories: _____ Do you own the building? [] Yes [] No

Total Area of Building: _____ (Sq. Ft) Total Area of your Facility: _____ (Sq. Ft)

LATEST UPDATES?...

CONSTRUCTION OF BUILDING

Roof _____ WALL: _____ ROOF: _____
Heat _____ [] Concrete Block/Masonry [] Steel Deck or Concrete
Plumbing _____ [] Brick Veneer over Wood [] Wood Joists
Electric _____ [] Frame/Siding [] Metal Clad

Sprinkler System? [] Yes [] No # of Smoke Detectors: _____ # of Fire Extinguishers: _____
Burglar Alarm? [] Yes [] No Fire Alarm [] Yes [] No Alarm Monitored? [] Yes [] No
Fire Hydrants within 500 feet? [] Yes [] No

AVERAGE Hours of Operation: _____:_____ to _____:_____

Is there Any Bar/Restaurant Adjacent to your operation? [] Yes [] No
Do you own, operate, or rent space to associated businesses? [] Yes [] No
If yes, please describe: _____
Describe precautions taken to avoid slips and falls at entrances? _____
Who does snow removal? _____
Types of steps if any? _____
Regular salting of ice? [] Yes [] No Do you apply? [] Yes [] No